

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. **Any false reporting may be referred to the Police for investigation.**
6. This report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will, for a fee, be made available upon application by interested parties.
7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.

ACCIDENT STATEMENT

Date of Submission 31/08/2021 17:28 (SGT)
Date of Accident 31/08/2021 09:04 (SGT)
Exact Location of Accident Singapore
Additional Location Information AMBER RD SLIP RD TO MOUNTBATTEN RD
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SDX5115X

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner JESSINE CHUA (JESSINE CAI)
NRIC No S7235857J
Email Address onlyvinc@gmail.com
Mobile Phone No (Phone) +65-96871117
Alternative Phone No +65-96871117

VEHICLE PARTICULARS

Manufacturer Subaru
Model Forester
Variant 2.0XT AWD CVT
Exact purpose for which vehicle was being used at time of accident Private use
Are you claiming under your own insurance policy for repair to your vehicle? Yes
Vehicle Category Private car
Transmission Auto
CC 2000

INSURANCE COMPANY

Name of Insurance Company AIG Asia Pacific Insurance Pte. Ltd.
Type of Coverage Comprehensive
Fleet Policy No
Policy Number 2100460892-05
Cover Note Number -

DRIVER

Name of Driver TEO KOK CHYE, VINCENT
NRIC No S6819600J

Date Of Birth	26/05/1968
Occupation	Indoor
Date Of Driving Pass	22/09/1989
Driving experience	31 YEARS AND 11 MONTHS
Gender	Male
Mobile Number	(Phone) +65-96855611
Alt. Phone Number	-
Email Address	onlyvinc@gmail.com
Address	2 ROSE LANE #04-02
Address complement	-
Postcode	437384
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Spouse
Does Driver Own Other Vehicles?	No
Vehicle Registration Number of Other Vehicle Owned by Driver	-
Insurance Company of Other Vehicle Owned by Driver	-

GENERAL INFORMATION OF THE ACCIDENT

Type of Accident	Collision - Head to Rear
Weather Conditions	Raining
Road Surface	Wet

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	2
Was anybody injured in the Accident?	No
Was any injured conveyed to hospital by ambulance?	-
Was any other vehicle or property damaged?	Yes
Number of Passengers (Including Driver)	1
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

DETAILS OF POLICE ACTION

Was the accident reported to the police?	No
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

KINDLY REFER TO THE ATTACHED DOCUMENTS AND VIDEO FOOTAGE

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	Yes
Was there any audio recorded?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLE1111M
Vehicle Manufacturer	Toyota
Vehicle Model	Vellfire
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	TONG WEISHAN
NRIC No	S8610810J
Contact Number	(Phone) +65-92397796
Address	-

Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	DENTED
Details of property damaged in accident	REAR RIGHT PORTION
No. Of Passenger (Including Driver)	-

Describe Circumstances of the Accident

I was travelling behind car A (SLE1111M) turning to the 2nd filter lane along Amber Rd to Mountbatten Rd.

The car A was moving to filter to Mountbatten Rd. I was checking first oncoming traffic while waiting for car A to filter out.

As car A moved, I followed and expected it to move to main Rd Mountbatten Rd. It suddenly stopped and I jammed brakes but it met me not in the lane and hit the bumper on right side of the car A bumper and back door to cause slight dents.

* VEH A : SLE1111M — TOYOTA
* VEH B : SDX5115X — SUBARU

Declaration

We declare the foregoing particulars are true in every respect.

*
Policyholder's Signature / Date & Time

*
Driver's Signature (If driver is not the policyholder) / Date & Time


Witnessed by Reporting Centre Personnel

SKETCH PLAN**IMPORTANT NOTICE**

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8. **Consent under the Personal Data Protection Act (PDPA)**
I understand, acknowledge, agree and consent that :
(a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "Personal Information") and disclose and transfer such Personal Information to all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "Insurers"), the Insurers' lawyers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of :
(i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
(ii) investigating the accident and/or my claims;
(iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
(iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or
(v) complying with applicable law in administering, processing, handling and/or dealing with my claims.
(collectively the "Purposes")
(b) all insurer(s) who have insured vehicle(s) involved in this accident and the insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date & Time

Driver's Signature (If driver is not the policyholder) / Date & Time

Witnessed by Reporting Centre Personnel

Sketch Plan

















































































